



GYMNASTICS REGISTRATION

Name of Participant _____ Sex ____ Birthdate _____ Age _____

School child attends _____

Parents Names _____

(Father & Mother)

Address _____ City _____ Zip _____

Phone Number: _____
(HOME) (MOTHER WORK) (FATHER WORK) (CELL)

E-mail Address _____

Emergency Contact _____ Phone/Cell Number _____

Class Level _____ Day _____ Time _____

WARNING, LIABILITY, RELEASE, AND ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

I understand that participation in this recreational program involves the risk of injury. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. Furthermore, in return for the opportunity to participate in this program I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the County provides no insurance.

Print Name

Parent/Guardian Signature

Date

Make Check Payable to Lee County Parks & Recreation

Amount Enclosed \$ _____

****Additional fee for non-county residents****

By signing, you hereby confirm your acceptance of the convenience fee charged by Official Payments and agree to pay the "Total Payment" amount indicated, subject to and in accordance with the agreement governing the use of your credit or debit card.

Signature

Date